

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/009815

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3		1					53		1				
4		2					54		3				
5		3					55		3				
6		3					56	1	1				
7		3					57		1				
8		3					58	1					
9		3					59		1				
10		3					60						
11	1						61						
12	1						62						
13		1					63						
14		2					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20	1						70						
21		1					71						
22		2					72						
23		3					73						
24		3					74						
25		3					75						
26		3					76						
27		3					77						
28	1						78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		3					84						
35		3					85						
36		3					86						
37		3					87						
38		3					88						
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		3					93						
44	1						94						
45		3					95						
46		3					96						
47		1					97						
48		1					98						
49		2					99						
50		3					100						
TOTAL							TOTAL						
TOTAL							TOTAL						
TOTAL							TOTAL						
CLAIMS							CLAIMS						